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05/23/2006 LTHOMPS1 00000004 190743 10603876

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Application or Docket Number

## PATENT APPLICATION FEÉ DETERMINATION RECORD

| Effective January 1, 2003  |  |   |              |                               |              |                  |      |                   |                        |       | 420                           |                        |  |
|--|--|---|--------------|-------------------------------|--------------|------------------|------|-------------------|------------------------|-------|-------------------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |              |                               |              |                  |      | SMALL ENTITY TYPE |                        |       | OTHER THAN<br>OR SMALL ENTITY |                        |  |
| TOTAL CLAIMS .   |  |   | 49           |                               |              |                  | RA   | ΤE                | FEE                    | 1     | RATE                          | FEE                    |  |
| FOR  |  |   | NUMBER FILED |                               | NUMBER EXTRA |                  | BASI | FEE               | 375.00                 | OR    | BASIC FEE                     | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 49 minus 20= |                               | .29          |                  | XS   | 9=                |                        | OR    | X\$18=                        | 522                    |  |
| INDEPENDENT CLAIMS   |  |   | Cf minus 3 = |                               | ' /          |                  | X4   | X42=              |                        | OR    | X84=                          | 84                     |  |
| M  | LTIPLE DEPEN   | DENT CLAIM P                              | RESENT       |                               |              |                  | +14  | +140=             |                        | OR    | +280=                         | ,                      |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |              |                               |              | 101              | AL   |                   | OR                     | TOTAL | 1356                          |                        |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |  |   |              |                               |              |                  |      |                   | ENTITY                 | OR    | OTHER<br>SMALL                | THAN                   |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER          | PRESENT<br>EXTRA | PLA  | ΓE                | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
| NO.  | Total  | . 43                                      | Minus        | 4                             | 9            | -                | X\$  | 9=                |                        | OR    | X\$18=                        |                        |  |
| SE   | Independent  | • 4                                       | Minus        | *** (                         | Ŧ <u></u>    | -                | X4   | 2=                |                        | OR    | X84=                          |                        |  |
| L  | FIRST PRESE  | NTATION OF M                              | ULTIPLE DE   | PENDENT                       | CLAIM        |                  | +14  | 0=                |                        | OR    | +280=                         |                        |  |
|  | •  |   |              |                               |              |                  |      | OYAL              |                        | OR    | TOTAL<br>ADDIT, FEE           |                        |  |
| ADDIT. FEE ON ADDIT. |  |   |              |                               |              |                  |      |                   |                        |       |                               |                        |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVI<br>PAID  | BER<br>OUSLY | PRESENT<br>EXTRA | RA   | ΓE                | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | • 42                                      | Minus        |                               | 49           | • 0              | X\$  | 9=                |                        | OR    | X\$18=                        |                        |  |
| AME  | Independent  | • 5                                       | Minus        | ***                           | 4            | - /              | X4   | 2=                |                        | OR    | X84€                          | JOD                    |  |
| L  | FIRST PRESE  | NTATION OF M                              | OLTIPLE DE   | PENDEN                        | CLAIM        |                  | +14  | 0=                |                        | OR    | +280=                         |                        |  |
|  |  |   |              |                               |              |                  |      | OTAL              |                        | OR    | TOTAL<br>ADDIT, FEE           |                        |  |
| ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3)   |  |   |              |                               |              |                  |      |                   |                        |       |                               |                        |  |
| AMENDMENTC   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVI<br>PAID  | BER          | PRESENT<br>EXTRA | RA   | ΓE                | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
| Ž  | Total  | •   | Minus        | **                            |              |                  | X\$  | 9=                |                        | OR    | X\$18=                        |                        |  |
| AME  | Independent  | •   | Minus        | ***                           |              | -                | X4:  | 2=                | -                      | OR    | X84=                          |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |   |              |                               |              |                  |      | 0=                |                        |       | +280=                         |                        |  |
|  | .* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |   |              |                               |              |                  |      |                   |                        | OR    | TOTAL                         |                        |  |
|  | ** If the "Highest Number Previously Paid For" (N THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" (N THIS SPACE is less than 20, enter "20."  **The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |              |                               |              |                  |      |                   |                        |       |                               |                        |  |
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